

☐ YES ☒ NO

F

Collaborator if any _____ Artist PAUL B. ARNOLD
FIRST NAME LAST NAME
Address Allen Art Museum Oberlin Lorain Tel. 774-1221
NO. STREET CITY ZONE COUNTY Ext. 3117

☐ YES ☒ NO

ry Blank..

356	✓	R
357	✓	R
358	✓	WA

Use second blank if required

This entry blank must be fully made out, (typewritten or plainly printed) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1963.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

SIGNATURE

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